

EXHIBIT 1

POLICIES

EMPLOYEE ACKNOWLEDGMENT FORM

All employees of Continental, its subsidiaries and affiliates are expected to comply with the Policies of the Company, whether located on the Intranet¹, Handbook, or otherwise communicated by Continental. However, the Policies do not constitute an employment contract, nor are they intended to make commitments concerning terms of employment with the Company or establish a standard for just-cause terminations. Employment with the Company is "at will". The Company and its employees are in an employment relationship that can be ended by either party, at any time and for any reason that either deems appropriate.

Initials AW

The Company reserves the right to revise, supplement, rescind or make exceptions to any of its Policies from time to time as it deems appropriate, in its sole discretion. It is understood, however, that no person has the authority to alter the terms of these Policies with oral modifications. Only the Vice President of Human Resources may approve a change in these provisions.

Initials AW

I certify that at the time of my orientation process as a new employee, I have been given a copy of, that I have read, and fully understand the following Company Policies:

- Code of Business Conduct / Anti Corruption / Compliance Hotline Policy
- EEO Policy
- Freedom from Unlawful Harassment Policy
- Electronic Media Communication Policy
- Violence Free Workplace

I have been offered an opportunity to ask any questions that I need to ask in order to fully understand the Company's Policies and my rights and responsibilities under them.

In signing this document, I certify that I have reviewed these Policies and that I understand that it is my responsibility to comply with them and any revisions made to them.

Initials AW

I acknowledge that in addition to those Policies listed above, I have received and/or it has been explained to me how I can obtain all Company Policies. I have been offered an opportunity to ask any questions that I need to ask in order to fully understand the Company's Policies and my rights and responsibilities under them. I am aware that if, at any time, I have questions regarding Company Policies I should direct them to the Human Resources department.

In signing this document, I certify that I will review all Company Policies no later than 30 days after my first day of work and that I understand that it is my responsibility to comply with them and any revisions made to them.

Initials AW

I have read and understand the contents of this Acknowledgement Form and agree to abide by its requirements.

Gary Washington
Employee Signature

GARY WASHINGTON
Employee Name (Printed)

01/30/2018
Date